TO OUT OR STATE THE PART II OF PA				VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-032629
US 200 Rev. 4/39 Rev	DO NOT WRITE			Registration District No. Primary Registration District No. 1003 Registrar's No. STATE FILE NUMBER
b. CITY (If southed corporate limits, pier TOWNSHIP Only) 1 2 2 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ON THIS STUB			1. PLACE UT DEATH AUG 3-1-1962 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
2 1 9 3 5 7		KENDE		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CIY OR OR OR OR OR OR OR OR OR O
3 NAME OF BECEASED (Type or pital) LEO - B KUNKEL DATE Mappin Day Year 15 C DATE ADE Mappin DATE PROBE YEAR IF UNDER 2 H 16 DATE DATE DATE DATE PROBE YEAR IF UNDER 2 H 17 C DATE D	1			
S. S. S. A. C. COLOR OR RACE MALE		0007		2 NAME OF DECEASED Since Middle Leet 4 DATE March Day
10. CANSE OF DEATH (Enter only one dates of territy) 11. DEATH WAS ARREST FORCE) 12. DATE OF DEATH (Enter only one dates of territy) 12. CONSTRUCTION (Sive kind of work done) 13. TATHER SNAME 14. NAME OF LEASED EVER IN U.S. AAMED FORCESS 15. WAS DECEASED EVER IN U.S. AAMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT 17. NEORMANT 18. CAUSE OF DEATH (Enter only one dates of territy) 19. WAS DECEASED EVER IN U.S. AAMED FORCESS 19. SOCIAL SECURITY NO. 17. INFORMANT 10. DATE OF DEATH (Enter only one dates of territy) 11. DATE OF DEATH (Enter only one dates of territy) 12. DATE OF DEATH (Enter only one dates of territy) 13. TATHER SNAME 14. NAMED ARE STATEMENT ON TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART II. DEATH WAS AGREEDED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART II. OF FART II. OF INSTITUTE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART II. OF FART II. OF INSTITUTE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART II. OF FART II. OF INSTITUTE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART II. OF FART II. OF INSTITUTE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART II. OF FART II. OF INSTITUTE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART II. OF FART II. OF INSTITUTE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART II. OF FART II. OF INSTITUTE OF THE SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS ON THE SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS ON THE SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS ON THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIB				5. SEX 6. COLOR OR RACE 7. Married Never Married 2 8. DATE OF BIRTH 9. AGE (last Dirinday) If toology 1 to
TO OUT OUT OF THE SIGNIFICANT CONTRIBUTION TO DEATH but not related to the terminal part in the deceased from the sub-part of them 18.) TO OUT OUT OF THE SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH but not related to the terminal part in the sub-part of them 18.) TO OUT OUT OUT OUT OUT OUT OUT OUT OUT O	5 (s		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
13. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT 11. INFORMANT 12. INFORMANT 12. INFORMANT 13. WAS DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT 15. CAUSE OF DEATH (Enter one cause per line) 16. CAUSE OF DEATH (Enter one cause per line) 17. INFORMANT 18. CAUSE OF DEATH (Enter one cause per line) 18. CAUSE OF DEATH (Enter one cause per line) 19. CAUSE OF DEATH (Enter one cause per line) 19. CAUSE OF DEATH (Enter one cause per line) 20. CAUSE OF DEATH (Enter one cause per line) 21. Informant (Informant) 22. CAUSE OF DEATH (Enter one cause per line) 23. Informant (Informant) 24. CAUSE OF DEATH (Enter one cause per line) 25. DATE RECO. BY LOCAL REG. 26. SOCIAL SECURITY NO. 17. INFORMANT 27. ADDRESS 28. MARK DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT 22. CALVARY. 22. CALVARY. 22. CALVARY. 23. COATE RECO. BY LOCAL REG. 23. LOCATION (City, fown, or county) 24. CALVARY. 25. DATE RECO. BY LOCAL REG. 26. CALVARY. 26. CALVARY. 27. DATE RECO. BY LOCAL REG. 27. LOUNS AND LOCAL REG. 28. BURIAL REMANTION (2010) 29. PART II. on the date stated above, and to the beat of my knowledge, from the causes stated. 27. LOUNS AND LOCAL REG. 27. LOUNS AND LOCAL REG. 27. LOUNS AND LOCAL REG. 28. BURIAL REMANTION (2010) 29. PART II. DATE SIGNIFICANT (CITY) fown, or county) 29. STATE 20. LOCATION (City, fown, or county) 20. STATE 20. DATE RECO. BY LOCAL REG. 29. PART SIGNIFICANT (CITY) fown, or county) 29. STATE 29. DATE RECO. BY LOCAL REG. 29. PART SIGNIFICANT (CITY) fown, or county) 29. STATE 29. DATE RECO. BY LOCAL REG. 29. PART SIGNIFICANT (CITY) fown, or county) 29. STATE 29. DATE RECO. BY LOCAL REG. 29. PART SIGNIFICANT (CITY) fown, or county) 29. STATE SIGNIFICANT (CITY) fown, or county) 29. STATE SIGNIFICANT (CITY) fown, or county) 29. ST	7 0	MOIICOM		136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
10 10 11 12/10 - C7 13 13 14 15 16 17 17 17 17 17 18 18 18 18 18	8 2	s		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) { (If yes, give war or dates of service) } 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Conditions, if any, which gave rise to above cause (a), stating the underly which gave rise to above cause (a), stating the underly lying cause (as). PART II. OFFER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If dacasaed was female we there a pregnancy in last 90 day of the pregnancy in last 90 day performed in part 1 (a). 19. WAS AUTOPSY PERFORMED? PERFORMED.	10	AR AR	AENT	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
Which gave rise to above cause (a), steining the under: 13	11	RECOR	POCUA	Paris Dalling Day B 4-19-12
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female we there a pregnancy in last 90 dey there a pregnancy in last 90 dey performed? 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY occurred a.m., p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURR	1270 - 67	SISI	_	which gave rise to above cause (a), stating the under-
20c. TIME OF Hour Month, Day, Year n.m. 20d. INJURY OCCURRED WHILE AT WORK Death occurred at Death occurred at Death occurred at Death occurred at Stated. 21. I attended the deceased from 2 - 2 3 - 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a r	ا ا		
20c. TIME OF Hour Month, Day, Year INJURY e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 21d. Injury occurred while at Work 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 22d. Injury occurred while at Work 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 22d. Injury occurred while at		DWEN		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from 2 - 23 - 62	v o	AMEN		
Death occurred at Control of the dest of t	32		,	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE
Death occurred at the last stated above, and to the dest of the past of the last stated. 22s, SIGNATURE Death occurred at	BLAC OR RITER			21. I attended the deceased from 2-23-61, toand last saw him alive on 8-19-62
236. BURIAL TREMATION 23B: DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or country) (State) REMOVAL (Specify) BURIAL TREMATION 23B: DATE CALVARY-CEMETERY ST. LOUIS MO. 24. FUNERAL/DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 25 TREGISTIAR'S SPONATURE ADDRESS 25. DATE RECO. BY LOCAL REG. 25 TREGISTIAR'S SPONATURE ADDRESS 26. NAME OF CEMETERY OR CREMATORY 27. LOUIS MO.	USE	HOULD		222-SIGNATURE (Degree or title) 22b., ADDRESS 4 22c. DATE SIGNED
24. FUNERALD DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 25 TREGISTIAN'S STONATURE ADDRESS 25. DATE RECD. BY LOCAL RECD. BY				23a. BURIAL, CREMATION 23B. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
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STATEMENT BY LICENSED EMBALMER

<i>A</i>
Larry E. Monro
ary C. 1 1ono
Licensed Embalmer No. 445

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.